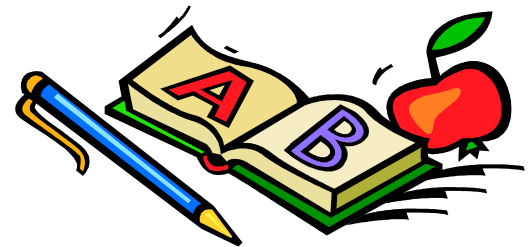
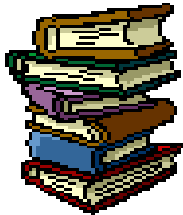


School Based Services

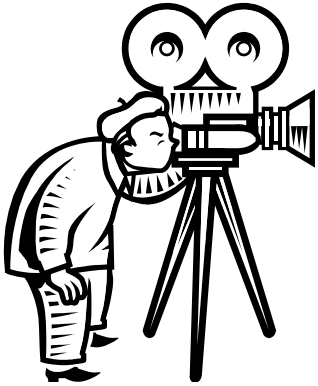
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Rena Steyaert
Program Officer





A View of Medicaid in Schools



- Schools have been able to provide and obtain reimbursement from Medicaid for health-related services provided to school since the early 1990s.



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Important parts allow this to happen:

- *Title XIX of Social Security Act

- *Early Periodic Screening, Diagnosis, and Treatment (EPSDT) ensures that periodic checkups & early detection will find & prevent children's health problems.

- *Medicare Catastrophic Coverage Act of 1988 contains provisions that allow states Medicaid programs to provide reimbursement to medical services provided as part of an IEP.



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***Individuals with Disabilities in Education Act (IDEA)** provides the provision of related services that may be health related, to support the education of students with disabilities.

*****Important source of funding for schools*****





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FMAP

- **Federal Medical Assistance Percentage**
 - Calculated every year for every state. Based off per capita income and the need for Federal assistance then fluctuates.
 - This is used when calculating the actual reimbursed dollars for every service provided in a school setting.



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3 Medicaid Programs available:

- Direct Services or Direct Care thru an IEP
- Medicaid Administrative Claiming or MAC
- Comprehensive School & Community Treatment (CSCT) Mental Health Program



MAC

- Allows school districts & co-ops to be reimbursed for some of the costs associated with administration of school-based health services as well as outreach activities, which are not claimable under the Medicaid Direct Services program.
- Types of Activities:
 - Locate, identify & refer individuals needing medical, dental or mental health related services after the initial IEP is developed.



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Key focus of MAC is the EPSDT program, which is used to ensure a comprehensive, preventative health care program for Medicaid eligible children ages 3–20.

*Uses a time study process and random moment sampling to help quantify the amount of time that participants (you) spend completing activities that are reimbursable through the MAC program.



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Random Moment Study form or RMS

Measures the work effort of the entire group of staff involved in the districts or schools medical & health related services by sampling & analyzing the work efforts of a cross section of the group. Provides a **statistically valid** means of determining what portion of the group of staffs workloads are spent performing activities that are reimbursable by Medicaid through this program.



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MAC RMS forms

- The state department develops each quarters RMS forms and the coordinator prints them off from the WEBRMS site.
- The forms are collected from participants and the data from the forms is entered into the WEBRMS site by the MAC coordinator.
- The state department will review the data entered and approve the quarter after all RMS forms have been entered.

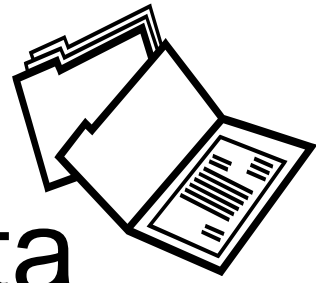


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Participant List—What is it and why



- Your MAC coordinator develops this list and submits one for the 1st, 2nd, and 4th quarters.
- The list is used to develop the RMS forms (distributed by each MAC coordinator)
 - How you are chosen:
 - May be a direct employee, contract employee, part-time employee or others receiving pay from the school.
 - Do you perform any of the activities on the list (14)****
 - Staff that is 100% compensated from Federal funds are not eligible.
 - Parents, volunteers that receive no compensation are not eligible.



Financial Data or Cost Data Report

- MAC coordinator fills out a quarterly financial data report listing each participant and their **salaries and benefits** for one quarter and sends it to the state department.
- Also included in the report is district wide **expenditure** amounts.
- These elements are used in conjunction with data collected from all the **RMS forms** to produce an invoice of dollars to be reimbursed to your school.



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The invoice is then turned into a check and sent back to your school.

Once received there are no rules attached to its use. Many schools use this to pay the salary for needed staff that otherwise a district can't afford.



???QUESTIONS???

National Provider Identification (NPI) & Taxonomy

- Centers of Medicare & Medicaid Services (CMS) has developed a plan for National Provider Identification or NPI
- Need to get an NPI? Go to the website www.nppes.cms.hhs.gov or call (800) 465-3203
- Use only NPI and Taxonomy on billing form
- Number is put in Field 33a and Taxonomy number preceded with “ZZ” qualifier (paper forms) and “PXC” is qualifier for the electronic format and both are put in Field 33b on CMS-1500 billing form

Enrollment with Montana Medicaid

- Online enrollment available at <http://medicaidprovider.hhs.mt.gov>
- Billing with the NPI and taxonomy began March 1, 2008.
- Section on CSCT with some unique instructions/requirements for schools that have mental health agencies contracted to do CSCT services. (Mental Health agency does this billing.)



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REIMBURSEMENT FOR SERVICES



- Submit CMS-500 claims to ACS for payment of Medicaid eligible students.
- School Based Services uses the Federal Matching Assistance Percentage (FMAP) in it's payment methodology currently at 66.11% thru 9/30/2012.
- Claims are processed and either paid or suspended or denied with a code (reason & remark code)
- Receive Explanation of Benefits either by paper or by electronic remittance advice (can be done weekly).
- Work thru EOB and resubmit denied claims with corrections needed.
- A limit of 365 days to submit a clean/correct claim for processing.
- Direct deposit to county account is usual means of receiving dollars.



Direct Care or Direct Services

Services directed out of an IEP

- Private Duty Nursing – T1000
- Personal Care Assistance – T1019
- Psychotherapy – 90853
- Psychotherapy Testing – 96101
- Speech Therapy – 92506, 92507, 92508
- Comprehensive Hearing Test – 92557
- Evoked Auditory Test – 92587



Services Cont.

- Tympanometry (measures ear membrane) – 92567
- Specialized Transportation – T2003
- Physical Therapy – 97001, 97002
- Occupational Therapy – 97004, 97005
 - Both therapies also use 97150 and 97530*
(Bill one unit as it is a per occurrence code, not a timed code.)

*CSCT can be in an IEP but doesn't have to be.



Requirements of Direct Care Program

- Client/Child qualifies for IDEA
- Services are written into the IEP
- Client/Child must be Medicaid eligible on date of service.
- Client/Child must be between ages of 3 & 20
- HIPAA & FERPA forms should be in students file.

- Dear Parent:
- Date: _____
- Your child's Individualized Education Program (IEP) includes special education and related services provided by our special education staff. One or more of the services included on your child's current IEP qualifies for reimbursement from Medicaid. Schools in Montana routinely access Medicaid funding to help meet costs of providing special education services. Medicaid funds help support our school in our effort to provide quality educational services.
- Recent changes in the federal special education law now require that we annually seek your permission to submit bills for reimbursement from public insurers such as Medicaid. This letter is asking your permission to bill Medicaid for Medicaid reimbursable services contained in you child's current IEP.
- It is important to know that granting this permission to bill Medicaid does not reduce your ability to seek other Medicaid-covered health-related services outside of the school setting. Medicaid does not have a maximum number of eligible visits for services to children nor does Medicaid have a lifetime maximum for services. Signing this approval to bill Medicaid will not interfere with your access to other health care services that are reimbursable by Medicaid.
- Along with this request for permission to bill Medicaid it is also necessary that we ask your permission to release information to Medicaid. Medicaid requires documentation of the services provided prior to making payment to our school. We are asking for your permission to share this documentation with Medicaid and our billing agent.
- **Be assured that any services your child receives from our district will continue whether or not you give us permission to release information or submit bills for reimbursement. permission to release information or**
- ☐ I **give permission** for the (school district) to release information to Medicaid billing agents and **give permission** for the district to access Medicaid insurance for the duration of my child's current IEP.
- ☐ I **deny permission** for the (school district) to release information to Medicaid billing agents and **deny**

permission for the district to access Medicaid insurance for the duration of my child's current IEP.

• _____

• Signature Date

- Please sign both copies and return one to (school district) and retain the other copy for you records. Thank you for your attention to this matter.



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Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Program

- Is a comprehensive approach to health care for Medicaid eligible clients age 20 & under.
- It is designed to prevent, identify & then treat health problems before they become disabling.
- Under EPSDT, Medicaid eligible children may receive any covered medically necessary service including all school-based services.



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Services that require Prior Authorization

- **Private Duty Nursing (PDN)** – along with a physician's order, this service needs to be authorized by Medicaid. Call Mountain Pacific Quality Health at 800-262-1545 x150
- **Personal Care Assistants** – this needs the Child Profile Form to be filled out and signed by the physician.

??QUESTIONS??



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School Psychology & Mental Health Services

Service Requirements:

Must be included on
student's IEP

Not the same as CSCT

Provider Requirements:

Psychologist must have Class
6 Specialist license

School Endorsement required
by ARM 10.57.434

Reimbursable Services

Evaluation/Assessment with
results written into IEP

Counseling/Individual & Group

Consultations with Parent's as
part of child's treatment

Interpreting assessment
results

See codes on Fee Schedule



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Therapy Services

Service Requirements:

Services must be included on the student's IEP.

Coding on claims may require a 59 modifier.

Exclusions:

Not covered if maintaining student's current condition.

Limited to 40 hours per fiscal year for each type of therapy (EPSDT).

Reimbursable Services:

Assessment services to determine medical needs and/or establish IEP

Restorative therapy – Speech, Physical & Occupational
(See codes on Fee Schedule.)





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Private Duty Nursing



Service Requirements:

Student's physician or mid-level practitioner orders these services in writing.

Prior Authorization **is required** from Mountain Pacific Quality Health (800) 262-1545 x150 and number received needs to be put on claim.

Exclusions:

Services do not include instruction, tutoring or guidance in academics.

Reimbursable Services:

Skilled Nursing Services



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Audiology

Service Requirements:

Services must be included in student's IEP services.

Reimbursable Services:

Assessment services to determine student's need and/or establish IEP.

Services performed must be documented in the IEP.

Speech/Hearing evals and therapy or tests

(See codes on Fee Schedule.)

Exclusions:

Testing for educational purposes is not covered.

Services done during Child Find assessments.





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Personal Care Assistants

T1019

Service Requirements:

Services must be included in the student's IEP.

Passport approval is no longer required.

Exclusions:

Services can be provided by family member but will not be Medicaid reimbursed.

Does not include instruction, tutoring or guidance in academics.

Reimbursable Services:

- Grooming
- Dressing
- Transferring
- Mobility/Ambulation
- Eating
- Toileting
- Exercise/not therapy
- Bus Escort



Personal Care Paraprofessional Documentation

- Found in School Based Service manual under Appendix B.
- Child Profile – to provide an instrument for collecting and documenting essential information needed to establish the Medicaid child's functional limitations and abilities to perform ADLs.
- Child Profile Form
- Task/Hour Guide



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Specialized Transportation

T2003

Service Requirements:

Transportation is provided to and/or from a Medicaid covered service.

Service listed in IEP as a medical need.

Criteria to be met:

Requires transport in vehicle with adaptations.

School incurs this expense and can bill Medicaid for service.

Exclusions:

Students with Special Needs that normally ride the school bus with non-disabled student's to and from school have not met the medically necessary criteria for Medicaid to pay for their transportation and will not have this listed in their IEP.



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Comprehensive School & Community Treatment (CSCT)

H0036

- Mental Health service is provided by a Mental Health Agency with a contract to your school.
- Program requires 2 mental health workers:
 - **Licensed professional** – can be psychologist, social worker, or counselor
 - **Behavioral specialist** – some training or background is needed—usually up to the agency and then approval by the state's licensing bureau.



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CSCT cont.



- Child must be diagnosed with a Serious Emotional Disturbance (SED).
- Service must be medically necessary.
- Must be available to all qualifying children and not just Medicaid eligible ones.
- HMK/CHIP & CMHSP (Children's Mental Health Services Plan) do not cover school-based CSCT program HMK does have some limited mental health coverage.
- Most agencies will do their own billing.



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Services that CSCT would provide include:

- Individual, family, and group therapy
- Behavior intervention
- Crisis intervention
- Continued treatment during non-school days (Coordinate with school administration per their contract.)



Schools Responsibility for the CSCT program

- Receive the money from Medicaid and pass it thru to the Mental Health Agency in your contract(s).
- **Two pieces** of documentation at the end of a calendar year:
 - Verification of reimbursements that passed through to the mental health agency
 - Match statement completed thru OPI's MAEFAIRS website



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CSCT program will be managed by the
Children's Mental Health Bureau in the
Disability Services Division effective
July 1, 2012.

Program Officer will be determined before
then, and a Provider Notice will be
developed and distributed with
information.



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Topics covered today:

- Medicaid Administrative Claiming (MAC)
- School Direct Care or Direct Service
- Comprehensive School and Community Treatment (CSCT)



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